

AETNA US HEALTHCARE - POS		Bi-Weekly			Monthly		
		EE	State	Total	EE/Ret	State	Total
	ESRD						
Employee / Retiree ONLY, NO MEDICARE		21.74	123.18	144.92	43.48	246.36	289.84
Employee / Retiree, 1 CHILD, NO MEDICARE		39.13	221.73	260.86	78.26	443.45	521.71
Employee / Retiree & SPOUSE, NO MEDICARE		39.13	221.73	260.86	78.26	443.45	521.71
Employee/Retiree +2 OR MORE, NO MEDICARE		54.35	307.96	362.31	108.69	615.92	724.61
RETIREE ONLY, WITH MEDICARE		10.87	61.58	72.45	21.73	123.16	144.89
RETIREE + 1, ONE WITH MEDICARE		32.60	184.74	217.34	65.20	369.48	434.68
RETIREE + 1, BOTH WITH MEDICARE		21.74	123.18	144.92	43.48	246.36	289.84
RETIREE + 2, ONE WITH MEDICARE		49.99	283.32	333.31	99.99	566.63	666.62
RETIREE + 2, TWO WITH MEDICARE		43.48	246.35	289.83	86.95	492.70	579.65
RETIREE + 2 OR MORE, ALL WITH MEDICARE		32.60	184.74	217.34	65.20	369.48	434.68
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE		54.35	307.96	362.31	108.69	615.92	724.61

BLUE CHOICE - HMO			Bi-Weekly			Monthly		
			EE	State	Total	EE/Ret	State	Total
	ESRD							
Employee/Retiree ONLY, NO MEDICARE		1	17.17	97.30	114.47	34.34	194.59	228.93
Employee/Retiree & 1 CHILD, NO MEDICARE		2	36.03	204.19	240.22	72.07	408.37	480.44
Employee/Retiree & SPOUSE, NO MEDICARE		3	36.03	204.19	240.22	72.07	408.37	480.44
Employee/Retiree +2 OR MORE, NO MEDICARE		4	44.64	252.96	297.60	89.28	505.92	595.20
RETIREE ONLY, WITH MEDICARE		5	8.46	47.97	56.43	16.93	95.93	112.86
RETIREE + 1, ONE WITH MEDICARE		6	25.50	144.47	169.97	50.99	288.94	339.93
RETIREE + 1, BOTH WITH MEDICARE		7	18.60	105.39	123.99	37.20	210.78	247.98
RETIREE + 2, ONE WITH MEDICARE		8	42.53	240.99	283.52	85.06	481.98	567.04
RETIREE + 2, TWO WITH MEDICARE		9	27.13	153.70	180.83	54.25	307.40	361.65
RETIREE + 2 OR MORE, ALL WITH MEDICARE		10	23.27	131.83	155.10	46.53	263.66	310.19
RETIREE + 3 OR MORE; ONE, TWO OR		11	42.33	239.84	282.17	84.65	479.68	564.33

CareFirst BCBS-PPO				Bi-Weekly			Monthly			
				EE	State	Total	EE/Ret	State	Total	
ESRD										
Employee/Retiree ONLY, NO MEDICARE		1		33.30	133.18	166.48		66.59	266.36	332.95
Employee/Retiree & 1 CHILD, NO MEDICARE		2		59.93	239.72	299.65		119.86	479.44	599.30
Employee/Retiree & SPOUSE, NO MEDICARE		3		59.93	239.72	299.65		119.86	479.44	599.30
Employee/Retiree +2 OR MORE, NO MEDICARE		4		83.24	332.97	416.21		166.48	665.93	832.41
RETIREE ONLY, WITH MEDICARE		5		16.65	66.61	83.26		33.30	133.21	166.51
RETIREE + 1, ONE WITH MEDICARE		6		49.94	199.75	249.69		99.88	399.50	499.38
RETIREE + 1, BOTH WITH MEDICARE		7		33.30	133.18	166.48		66.59	266.36	332.95
RETIREE + 2, ONE WITH MEDICARE		8		76.58	306.30	382.88		153.15	612.60	765.75
RETIREE + 2, TWO WITH MEDICARE		9		66.59	266.36	332.95		133.18	532.71	665.89
RETIREE + 2 OR MORE, ALL WITH MEDICARE		10		49.94	199.75	249.69		99.88	399.50	499.38
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE		11		83.24	332.97	416.21		166.48	665.93	832.41

CareFirst BCBS-POS				Bi-Weekly				Monthly		
				EE	State	Total		EE/Ret	State	Total
	ESRD									
Employee/Retiree ONLY, NO MEDICARE		1		20.45	115.89	136.34		40.90	231.78	272.68
Employee/Retiree & 1 CHILD, NO MEDICARE		2		36.81	208.61	245.42		73.62	417.21	490.83
Employee/Retiree & SPOUSE, NO MEDICARE		3		36.81	208.61	245.42		73.62	417.21	490.83
Employee/Retiree +2 OR MORE, NO MEDICARE		4		51.13	289.73	340.86		102.26	579.46	681.72
RETIREE ONLY, WITH MEDICARE		5		10.22	57.94	68.16		20.45	115.87	136.32
RETIREE + 1, ONE WITH MEDICARE		6		30.67	173.84	204.51		61.35	347.67	409.02
RETIREE + 1, BOTH WITH MEDICARE		7		20.45	115.89	136.34		40.90	231.78	272.68
RETIREE + 2, ONE WITH MEDICARE		8		47.03	266.55	313.58		94.07	533.09	627.16
RETIREE + 2, TWO WITH MEDICARE		9		40.90	231.78	272.68		81.80	463.55	545.35
RETIREE + 2 OR MORE, ALL WITH MEDICARE		10		30.67	173.84	204.51		61.35	347.67	409.02
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE		11		51.13	289.73	340.86		102.26	579.46	681.72

KAISER - HMO				Bi-Weekly			Monthly		
				EE	State	Total	EE/Ret	State	Total
ESRD									
Employee/Retiree ONLY, NO MEDICARE		1		16.05	90.94	106.99		32.10	213.97
Employee/Retiree & 1 CHILD, NO MEDICARE		2		32.10	181.88	213.98		64.19	427.95
Employee/Retiree & SPOUSE, NO MEDICARE		3		32.10	181.88	213.98		64.19	427.95
Employee/Retiree +2 OR MORE, NO MEDICARE		4		40.20	227.79	267.99		80.40	535.97
RETIREE ONLY, WITH MEDICARE		5		11.97	67.84	79.81		23.94	159.62
RETIREE + 1, ONE WITH MEDICARE		6		28.02	158.77	186.79		56.04	373.58
RETIREE + 1, BOTH WITH MEDICARE		7		23.94	135.68	159.62		47.89	319.24
RETIREE + 2, ONE WITH MEDICARE		8		39.99	226.61	266.60		79.98	533.20
RETIREE + 2, TWO WITH MEDICARE		9		39.99	226.61	266.60		79.98	533.20
RETIREE + 2 OR MORE, ALL WITH MEDICARE		10		39.99	226.61	266.60		79.98	533.20
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE		11		40.20	227.79	267.99		80.40	535.97

M.D. IPA PREFERRED - POS				Bi-Weekly			Monthly		
				EE	State	Total	EE/Ret	State	Total
ESRD									
Employee/Retiree ONLY, NO MEDICARE		1		20.77	117.68	138.45	41.54	235.36	276.90
Employee/Retiree & 1 CHILD, NO MEDICARE		2		37.38	211.83	249.21	74.76	423.65	498.41
Employee/Retiree & SPOUSE, NO MEDICARE		3		37.38	211.83	249.21	74.76	423.65	498.41
Employee/Retiree +2 OR MORE, NO MEDICARE		4		51.92	294.22	346.14	103.84	588.44	692.28
RETIREE ONLY, WITH MEDICARE		5		10.39	58.84	69.23	20.77	117.68	138.45
RETIREE + 1, ONE WITH MEDICARE		6		31.15	176.53	207.68	62.30	353.05	415.35
RETIREE + 1, BOTH WITH MEDICARE		7		20.77	117.68	138.45	41.54	235.36	276.90
RETIREE + 2, ONE WITH MEDICARE		8		47.77	270.67	318.44	95.53	541.34	636.87
RETIREE + 2, TWO WITH MEDICARE		9		41.53	235.37	276.90	83.07	470.73	553.80
RETIREE + 2 OR MORE, ALL WITH MEDICARE		10		31.15	176.53	207.68	62.30	353.05	415.35
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE		11		51.92	294.22	346.14	103.84	588.44	692.28

MLH - EAGLE - PPO				Bi-Weekly				Monthly		
				EE	State	Total		EE/Ret	State	Total
ESRD										
Employee/Retiree ONLY, NO MEDICARE		1		33.17	132.65	165.82		66.33	265.30	331.63
Employee/Retiree & 1 CHILD, NO MEDICARE		2		59.70	238.78	298.48		119.39	477.56	596.95
Employee/Retiree & SPOUSE, NO MEDICARE		3		59.70	238.78	298.48		119.39	477.56	596.95
Employee/Retiree +2 OR MORE, NO MEDICARE		4		82.91	331.66	414.57		165.83	663.31	829.14
RETIREE ONLY, WITH MEDICARE		5		16.58	66.34	82.92		33.17	132.67	165.84
RETIREE + 1, ONE WITH MEDICARE		6		49.74	198.97	248.71		99.48	397.94	497.42
RETIREE + 1, BOTH WITH MEDICARE		7		33.17	132.65	165.82		66.33	265.30	331.63
RETIREE + 2, ONE WITH MEDICARE		8		76.28	305.09	381.37		152.55	610.18	762.73
RETIREE + 2, TWO WITH MEDICARE		9		66.33	265.31	331.64		132.65	530.62	663.27
RETIREE + 2 OR MORE, ALL WITH MEDICARE		10		49.74	198.97	248.71		99.48	397.94	497.42
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE		11		82.91	331.66	414.57		165.83	663.31	829.14

OPTIMUM CHOICE, INC. - HMO				Bi-Weekly			Monthly		
ESRD				EE	State	Total	EE/Ret	State	Total
Employee/Retiree ONLY, NO MEDICARE		1		16.13	91.39	107.52	32.25	182.78	215.03
Employee/Retiree & 1 CHILD, NO MEDICARE		2		33.54	190.07	223.61	67.08	380.13	447.21
Employee/Retiree & SPOUSE, NO MEDICARE		3		33.54	190.07	223.61	67.08	380.13	447.21
Employee/Retiree +2 OR MORE, NO MEDICARE		4		39.99	226.63	266.62	79.98	453.25	533.23
RETIREE ONLY, WITH MEDICARE		5		10.65	60.35	71.00	21.30	120.70	142.00
RETIREE + 1, ONE WITH MEDICARE		6		26.77	151.74	178.51	53.55	303.47	357.02
RETIREE + 1, BOTH WITH MEDICARE		7		21.30	120.70	142.00	42.60	241.39	283.99
RETIREE + 2, ONE WITH MEDICARE		8		39.99	226.63	266.62	79.98	453.25	533.23
RETIREE + 2, TWO WITH MEDICARE		9		36.57	207.20	243.77	73.13	414.40	487.53
RETIREE + 2 OR MORE, ALL WITH MEDICARE		10		31.95	181.05	213.00	63.90	362.09	425.99
RETIREE + 3 OR MORE; ONE, TWO OR THREE WITH MEDICARE		11		39.99	226.63	266.62	79.98	453.25	533.23

**State of Maryland  
DENTAL PLANS  
2004 Premiums**

<b>Dental Benefits Providers (HMO)</b>			
<b>Bi-Weekly Coverage Level</b>	<b>Employee Deduction</b>	<b>State Subsidy</b>	<b>Total</b>
Employee / Retiree Only	\$3.46	\$3.46	\$6.92
Employee / Retiree + 1 Child	\$6.92	\$6.92	\$13.84
Employee / Retiree + Spouse	\$7.62	\$7.61	\$15.23
Employee / Retiree + 2 or More	\$12.12	\$12.11	\$24.23
<b>Monthly Coverage Level</b>	<b>Employee Deduction</b>	<b>State Subsidy</b>	<b>Total</b>
Employee / Retiree Only	\$6.92	\$6.92	\$13.84
Employee / Retiree + 1 Child	\$13.84	\$13.84	\$27.68
Employee / Retiree + Spouse	\$15.23	\$15.23	\$30.46
Employee / Retiree + 2 or More	\$24.23	\$24.22	\$48.45

## United Concordia (HMO)

<b>Bi-Weekly Coverage Level</b>	<b>Employee Deduction</b>	<b>State Subsidy</b>	<b>Total</b>
Employee / Retiree Only	\$3.30	\$3.30	\$6.60
Employee / Retiree + 1 Child	\$5.75	\$5.75	\$11.50
Employee / Retiree + Spouse	\$6.61	\$6.61	\$13.22
Employee / Retiree + 2 or More	\$9.29	\$9.29	\$18.58
<b>Monthly Coverge Level</b>	<b>Employee Deduction</b>	<b>State Subsidy</b>	<b>Total</b>
Employee / Retiree Only	\$6.60	\$6.60	\$13.20
Employee / Retiree + 1 Child	\$11.50	\$11.50	\$23.00
Employee / Retiree + Spouse	\$13.22	\$13.22	\$26.44
Employee / Retiree + 2 or More	\$18.58	\$18.58	\$37.16

## United Concordia (POS)

<b>Bi-Weekly Coverage Level</b>	<b>Employee Deduction</b>	<b>State Subsidy</b>	<b>Total</b>
Employee / Retiree Only	\$4.45	\$4.45	\$8.90
Employee / Retiree + 1 Child	\$7.76	\$7.76	\$15.52
Employee / Retiree + Spouse	\$8.99	\$8.99	\$17.98
Employee / Retiree + 2 or More	\$12.53	\$12.53	\$25.06
<b>Monthly Coverage Level</b>	<b>Employee Deduction</b>	<b>State Subsidy</b>	<b>Total</b>
Employee / Retiree Only	\$8.90	\$8.90	\$17.80
Employee / Retiree + 1 Child	\$15.52	\$15.52	\$31.04
Employee / Retiree + Spouse	\$17.98	\$17.98	\$35.96
Employee / Retiree + 2 or More	\$25.06	\$25.06	\$50.12